## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 744994**

FILED Jan 04, 2007 Secretary of State

Entity Name: BEACH GARDEN "H" ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

109 INAGUA LANE

BONITA SPRINGS, FL 34134 US

**Current Mailing Address: New Mailing Address:** 

109 INAGUA LANE

BONITA SPRINGS, FL 34134 US

FEI Number: 59-2474386 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOYD, SUSAN 109 INAGUA LANE

BONITA SPRINGS, FL 34134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Name:

Title:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition

PHIL, S LOYD

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

() Delete CARKHUFF, WALDO H Name: 108 HISPANIOLA LN Address:

Address: 109 INAGUA LANE City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD ( ) Delete

Name: STINGL, DAN Name: GEORGIA ANN, S-FALKINHAM Address: 227 BAREFOOOT BEACH BLVD Address: 108 HISPANIOLA LANE

City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Delete Title: SEC (X) Change ( ) Addition LOYD, SUSAN STINGL, DAN Name: Name:

227 BAREFOOT BEACH BLVD Address: 109 INAGUA LN Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD ( ) Delete Title: **TRES** (X) Change ( ) Addition

Name: LOYD, PHIL Name: LOYD, SUSAN Address: 109 INAGUA LN Address: 109 INAGUA LN

City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN LOYD **TRES** 01/04/2007